Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of an State Licensure survey and Complaint Investigation conducted at your facility on 5/18/09. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units, effective April 15, 1998. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Complaint #NV00021829 was substantiated. See Tags N169 and N175.	N 00		
N169 SS=F	449.1548(4) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA. This Regulation is not met as evidenced by: 42 Code of Federal Regulations 8.12 Federal opioid treatment standards	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 1 (2) Treatment program decisions on dispensing opioid treatment medications to patients for unsupervised use beyond that set forth in paragraph (i)(1) of this section, shall be determined by the medical director. In determining which patients may be permitted unsupervised use, the medical director shall consider the following take-home criteria in determining whether a patient is responsible in handling opioid drugs for unsupervised use. (i) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol; (ii) Regularity of clinic attendance; (iii) Absence of serious behavioral problems at the clinic; (iv) Absence of known recent criminal activity, e.g., drug dealing; (v) Stability of the patient's home environment and social relationships; (vi) Length of time in comprehensive maintenance treatment; (vii) Assurance that take-home medication can be safely stored within the patient's home; and (viii) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion. (3) Such determinations and the basis for such determinations consistent with the criteria outlined in paragraph (i)(2) of this section shall be documented in the patient's medical record. (4) Initial and periodic assessment services. Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the	N169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 2 patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patient's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and employment services. (e) Patient admission criteria. (1) Maintenance treatment. An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physical shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment. (g) Recordkeeping and patient confidentiality. (1) OTPs shall establish and maintain a recordkeeping system that is adequate to document and monitor patient care. This system is required to comply with all Federal and State reporting requirements relevant to opioid drugs approved for use in treatment of opioid addiction. All records are required to be kept confidential in accordance with all applicable Federal and State requirements.	N169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 3 Based on record review, observations, and interview on 5/18/09, the facility was not in compliance with 42 Code of Federal Regulations (CFR), Part 8 by allowing 16 of 16 patients to receive unsupervised methadone take homes other than Sunday take homes without meeting take home criteria, by not ensuring that periodic assessments were conducted per policy frequency for 4 of 21 patients, by not ensuring that biopsychosocial assessments were shared with 2 of 21 clients, by not ensuring that consents were accurate or complete for 7 of 21 patients, by not ensuring that documentation of addiction was complete for 2 of 21 patients, and by not ensuring that confidentiality was maintained for 307 of 307 patients. Findings include: POLICY REVIEW - A policy titled, "Confidentiality" was reviewed. The policy indicated that only designated clinic staff will have access to patient records and that all patient charts and information will be kept in locked file cabinets, and/or in a locked room. In addition, the policy indicated the clinic will protect the confidentiality of patients by strictly adhering to the federal regulations regarding confidentiality. A policy titled, "Physical Examination and Related Laboratory Documentation" was reviewed. The policy indicated the physical examination will include identifying the clinical signs, complications of addiction and symptoms of current drug use. A policy titled, "Responsibility of the Medical Director" was reviewed. The policy indicated the	N169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 4 medical director was responsible for yearly updates of a patient's current medication, physical condition and vital signs. A policy titled, "Initial and On-going Assessments" was reviewed. The policy indicated that a biopsychosocial assessments will be conducted on admission and yearly. A policy titled, "Unsupervised Take-Home Privileges" was reviewed. The policy indicated there must be documentation that the patient has demonstrated satisfactory adherence to program rules and meet certain criteria before patients receive take-home methadone. PATIENT FILE REVIEW - Patient #1 - The patient's file contained documentation the patient achieved Level III status on 8/27/08, but was reduced to Level I on 3/16/09 due to a missed count. The file did not contain any justification criteria for take-homes. Patient #2 - The patient's file contained a biopsychosocial assessment conducted by Employee #7. The assessment form included a line for patient signature, but this line was blank. There was no evidence in the patient's file that the biopsychosocial was shared with the patient. Patient #3 - The patient's file contained documentation the patient was receiving Level II take-homes, but the file did not contain any justification criteria for take-homes. Patient #4 - The "track record" located in the patient's file was blank. The patient's file contained a biopsychosocial assessment conducted by Employee #8. The assessment	N169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 5 form included a line for patient signature, but this line was blank. There was no evidence in the patient file that the biopsychosocial was shared with the patient. Patient #5 - The patient's file contained documentation the patient was receiving Level III take-homes, but the file did not contain any justification criteria for take-homes. Patient #6 - The patient's file did not contain a biopsychosocial assessment. In addition, the informed consent located in the patient's file was not complete. The form included lines for the name of the practitioner explaining the consent and the name of the physician, but these lines were blank. The file contained information dated 4/28/09 that the patient was pregnant. Two physician orders dated 4/2/09 and 4/28/09 for a pregnancy test were located, but the file did not contain any information regarding the results of those tests. Patient #7 - The patient's file contained documentation the patient was receiving Level III take-homes, but the file did not contain any justification criteria for take-homes. Patient #8 - The physician's documentation of addiction form was blank. The informed consent located in the patient's file was not complete. The form included lines for the name of the practitioner explaining the consent and the name of the physician, but these lines were blank. Patient #9 - The patient's file contained documentation the patient was receiving Level VI take-homes, but the file did not contain any justification criteria for take-homes. In addition, it was revealed that the patient should only be	N169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 6 receiving one week of take-homes because he was on benzodiazepines and the policy was only to allow a week's worth of take-homes for any patient on benzodiazepines. Patient #10 - The patient's file contained documentation the patient was receiving Level V take-homes, but the file did not contain any justification criteria for take-homes. Patient #11 - The patient's file contained documentation the patient was receiving Level V take-homes, but the file did not contain any justification criteria for take-homes. Patient #12 - The informed consent located in the patient's file was not complete. The form included lines for the name of the practitioner explaining the consent and the name of the physician, but these lines were blank. The file contained documentation the patient was receiving Level II take-homes, but the file did not contain any justification criteria for take-homes. Patient #13 - The informed consent located in the patient's file was not complete. The form included lines for the name of the practitioner explaining the consent and the name of the physician, but these lines were blank. Patient #14 - The informed consent located in the patient's file was not complete. The form included lines for the name of the practitioner explaining the consent and the name of the physician, but these lines were blank. Patient #15 - The informed consent located in the patient's file was not complete. The form included lines for the name of the practitioner explaining the consent and the name of the	N169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 7 physician, but these lines were blank. The patient's file contained documentation the patient was receiving Level II take-homes, but the file did not contain any justification criteria for take-homes. Patient #16 - The informed consent located in the patient's file was not complete. The form included a line for the name of the physician, but that line was blank. The patient's file contained documentation the patient was receiving Level IV take-homes, but the file did not contain any justification criteria for take-homes. Patient #17 - The patient was admitted in 2006, but her file did not contain an updated biopsychosocial assessment or an updated physical for 2007. The patient's file contained documentation the patient was receiving Level IV take-homes, but the file did not contain any justification criteria for take-homes. Patient #18 - The patient's file contained documentation the patient was receiving Level IV take-homes, but the file did not contain any justification criteria for take-homes. Patient #19 - The patient was admitted in 2007, but her file did not contain an updated biopsychosocial assessment or updated physical for 2008. The patient's file contained documentation the patient was receiving Level III take-homes, but the file did not contain any justification criteria for take-homes. Patient #20 - The patient was originally admitted to the clinic on 7/7/06 and was last dosed on 11/7/08. The patient was re-admitted on 4/28/09. All of the necessary consents had not been updated since 7/7/06. The last treatment plan	N169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N169	Continued From page 8 was dated 12/21/07, the last biopsychosocial assessment was dated 2/5/07 and there were no case notes to review. In addition, the patient's file contained documentation the patient's take-home doses were increased from Level I to Level III take-homes on 5/8/09, but the file did not contain any justification criteria for take-homes. Patient #21 - The patient's file contained documentation the patient was receiving Level IV take-homes, but the file did not contain any justification criteria for take-homes. CONFIDENTIALITY ISSUES - The two rooms used to store patient records (the xerox room and the room located to dosing window A) were not locked when the survey was initiated at 6:00AM. The room located near dosing window A remained unlocked during the entire survey. While the nurse was observed dosing clients, client information on two clipboards was available for other clients to view when signing in for their methadone doses. Interviews also revealed that the facility's licensed practical nurse (LPN) permitted a family relative and a former employee and her son access to the methadone dosing area which allowed them to hear confidential patient information. Severity: 2 Scope: 3	N169		
N174 SS=F	449.1548(9) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 9. Develop and maintain a system to ensure that prospective and existing clients are not receiving narcotics from any other facility for treatment with	N174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N174	Continued From page 9 narcotics or any other medication unit. This Regulation is not met as evidenced by: Based on record review and interview on 5/18/09, the clinic did not follow a system to ensure that 21 of 21 prospective clients were not receiving narcotics from any other narcotic treatment center. Findings include: A policy titled, "Multiple Registrations" was reviewed. The policy indicated that a clinic staff person will document the completion of the cross check for multiple registrations. The form "Consent To Disclose Information Regarding Multiple Registration" was reviewed. The form listed one narcotic treatment facility in the local area, but there was no evidence on the form that anyone from the facility had called to verify if prospective clients were receiving treatment. The Program Director reported that when new clients are admitted to the facility, Employee #4 witnesses the signing of the consent and calls the other facility to verify if the clients were receiving treatment, but she did not document that she called the other facility. Severity: 2 Scope: 3	N174		
N175 SS=F	449.1548(10) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 10. Comply with all applicable local laws and	N175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N175	Continued From page 10 regulations, including, but not limited to, zoning laws and regulations. This Regulation is not met as evidenced by: NRS 652.210 Manipulation for collection of specimens; authorized practices of technical personnel. 1. Except as otherwise provided in subsection 2 and NRS 126.121 no person other than a licensed physician, a licensed optometrist, a licensed practical nurse, a registered nurse, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a certified intermediate emergency medical technician, a certified advanced emergency medical technician, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS or a licensed dentist may manipulate a person for the collection of specimens. 2. The technical personnel of a laboratory may collect blood, remove stomach contents, perform certain diagnostic skin tests or field blood tests or collect material for smears and cultures. NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant: 4. Is guilty of unprofessional conduct or conduct contrary to the public interest; Based on interview and record review on 5/18/09, the facility allowed an unlicensed person to draw patient blood for testing purposes and allowed a kitten in the licensed methadone dosing area while methadone was being dispensed.	N175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2961NTC	A. BUILDING _____ B. WING _____	05/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH NV-RENO	160 HUBBARD WAY SUITE A RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N175	Continued From page 11 Findings include: Unlicensed personnel During an interview with the facility's licensed practical nurse (LPN), the LPN reported that Employee #4 drew patient blood for a syphilis test and for "peak and trough" testing purposes. Employee #4's file was reviewed and a 900 hour completion certificate dated 2/18/03 was located. Employee #4, the receptionist, confirmed that she drew blood for testing purposes "about once a month." The employee reported she was not a nurse nor did she have a current phlebotomist license with the State of Nevada. The employee reported that she received training to draw blood back east and thought that training was "universal" and that she did not need a phlebotomist's license to draw blood. Conduct contrary to the public interest The facility is licensed by the Nevada Board of Pharmacy. A complaint was received alleging that the LPN cared for a newborn kitten in the methadone dosing area while dosing patients. An interview with one patient and the LPN confirmed the complainant's statement. The LPN admitted that she had cared for a newborn kitten in the methadone dosing area for three days until it died. Severity: 2 Scope: 3	N175		